

STATE OF ISRAEL
MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT
VETERINARY SERVICES AND ANIMAL HEALTH

Model veterinary certificate to accompany salted hides and skins to Israel

Exporting country: _____
Responsible ministry: _____
Certifying department: _____

I. Identification

Description of product and species of origin: _____
Nature of packaging: _____
Number of packages: _____ Net weight: _____
Identification: _____

II. Origin

Name, address, and approval number of the producer: _____

III. Destination

The product will be sent

From: _____ To: _____
(Place of loading) (Country and place of destination)

By the following means of transport: _____
(The flight number or the name of the ship)

Container(s) No(s): _____ Seal(s) No(s): _____
Name and address of consignor: _____
Name and address of consignee: _____

IV. Declaration

I, the undersigned official veterinarian hereby certify that:

1. The producer is an establishment which is approved by the State Veterinary Services for the local market as well as for export to Israel and supervised by an official or accredited veterinarian;
2. The products described above have been derived from animals⁽¹⁾ / fetuses which were recovered from animals⁽¹⁾ which:
 - a. Originated from a country free of foot and mouth disease (FMD);
 - b. Showed no signs of anthrax or other infectious or contagious diseases transmissible by the certified product (specific to the species) during ante-mortem and post-mortem inspection;
 - c. Came from establishments which were not under official quarantine for anthrax control; and
 - d. Were slaughtered in an approved establishment and subjected to ante and post mortem inspection under official veterinary supervision.
3. The products described above have been:
 - a. Dry salted or wet salted for at least 14 days prior to exportation⁽¹⁾; or
 - b. Salted for 7 days in sea salt with addition of sodium carbonate to 2%⁽¹⁾; or
 - c. Dried for 42 days at a temperature of at least 20°C⁽¹⁾
4. The products described above have undergone all precautions to avoid recontamination with pathogenic agents.

⁽¹⁾Delete as appropriate.

Date: _____ Full name and title of the official veterinarian

Office: _____ Signature